

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7/19/05</u>		2 Serial/Patent # <u>10/609,633</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing				\$							
<input type="checkbox"/> Amendment				\$							
<input type="checkbox"/> Extension of Time				\$							
<input type="checkbox"/> Notice of Appeal/Appeal				\$							
<input checked="" type="checkbox"/> Petition		—	6/22/05	\$ 400							
<input type="checkbox"/> Issue				\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/> Maintenance				\$							
<input type="checkbox"/> Assignment				\$							
<input type="checkbox"/> Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ 400								
8 TO BE REFUNDED BY:											
<input type="checkbox"/> Treasury Check											
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment			, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td>—</td><td>4</td><td>8</td><td>8</td><td>0</td></tr></table>		1	9	—	4	8	8	0
1	9	—	4	8	8	0					
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<p>PTO error</p>										
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C.T. Donnell</u>		TITLE: <u>Pet Atty</u>									
SIGNATURE: <u>C.T. Donnell</u>		PHONE: <u>272-3211</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>Alicia Kell</u>		DATE: <u>7/19/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B